Revision: HCFA-PM-91-4 (BPD)

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-				
	State:		GEORGIA				
Citation 1902(a)(52) and 1925 of	£		s Receiving Extended Medicaid Benefits				
the Act	(a)	6-month Section duration categor ATTACHM through	s provided to families during the first period of extended Medicaid benefits under 1925 of the Act are equal in amount, n, and scope to services provided to ically needy AFDC recipients as described in ENT 3.1-A (or may be greater if provided a caretaker relative employer's health ce plan).				
	(b)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are					
		se re ma	qual in amount, duration, and scope to ervices provided to categorically needy AFDC ecipients as described in <u>ATTACHMENT 3.1-A</u> (or ay be greater if provided through a caretaker elative employer's health insurance plan).				
		se re th ir	qual in amount, duration, and scope to ervices provided to categorically needy AFDC ecipients, (or may be greater if provided arough a caretaker relative employer's health asurance plan) minus any one or more of the ollowing acute services:				
		<u> </u>	Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.				
		_7	Medical or remedial care provided by licensed practitioners.				
		_7	Home health services.				
TN No. 91	- 31						
Supersedes	Approval	Date	12-18-91 Effective Date 10-1-91				
			HCFA ID: 7982E				

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:	<u>.</u>	GEORGIA
<u>Citation</u>	3.5	Families (Continu	Receiving Extended Medicaid Benefits ed)
			Private duty nursing services.
			Physical therapy and related services.
			Other diagnostic, screening, preventive, and rehabilitation services.
			Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
			Intermediate care facility services for the mentally retarded.
			Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
			Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 91-31 Supersedes Approval TN No. 87-6	Date	12-18-91	Effective Date 10-1-91	
			HCFA ID: 7982F	

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Revision:	HCFA-PM-91- AUGUST 1991	4 (B)	PD)		(OMB No.:	0938-
	State:			GEORGIA			
Citation		<u>Familie</u> (Conti		eceiving Extend	led Medica	aid Benef	<u>its</u>
	(c)		fees, for h	agency pays the , deductibles, nealth plans of oyer as payment	coinsurar fered by	nce, and the care	similar costs taker's
		1		1st 6 months		2nd 6	months
	Ĺ	en	emplo	agency requires byers' health p ibility.	s caretake olans as a	ers to en a conditi	roll in on of
		1		1st 6 mos.	_7 2	2nd 6 mos	•
	(d),	<u>_</u> / (1)	fa ex	ne Medicaid age amilies during ctended Medicai ollowing altern	the second dependent	nd 6-mont! is through	h period of
		1		Enrollment in employer's he			n of an
		1	<u>/</u> /	Enrollment in employee heal		lly option	n of a State
		1	<u>/_/</u>	Enrollment in uninsured.	the Stat	e health	plan for the
:		1	<u>/</u> /	organization	(HMO) wit	th a prepart Medica.	th maintenance aid enrollment id recipients Medicaid).
Supersedes	91-31 Approve	al Date		12-18-91	Effective	Date 1	0-1-91
TN No.	90-15						

HCFA ID: 7982E

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.:	0938-		
	State: _		GEORGIA				
Citation	Citation 3.5 Families Receiving Extended Medicaid Benefits (Continued)						
	<u>Supplement 2 to ATTACHMENT 3.1-A</u> specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.						
	(2)	The a	gency				
		(i)	Pays all premiums and e on the family for such		fees imposed		
	$\overline{\Box}$	(ii)	Pays all deductibles and the family for such pla		nce imposed on		

TN No. 91-31 12-18-91 Supersedes Approval Date TN No. 90-15 Effective Date _

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